MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO.	FILING DATE
10/517536	
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				#		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51							
2				/			52							
3				/			53							
4				/			54							
5				/			55							
6				/			56							
7			/	/			57							
8				/			58							
9				/			59							
10				/			60							
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43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓ 2	↓		↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.		8					TOTAL DEP.							
TOTAL CLAIMS		10					TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS